

THE INSURANCE COMMITTEE OF THE WEST RIDING  
OF YORKSHIRE.

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REPORT

BY THE

Chief Tuberculosis Officer of the West Riding County Council

AND THE

Clerk to the West Riding Insurance Committee

UPON

SANATORIUM BENEFITS

FOR THE PERIOD FROM

July, 1912 to April, 1921

*(Presented to the Medical and Sanatorium Benefits Sub-Committee  
on 21st April, 1921, and ordered to be printed).*

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# THE INSURANCE COMMITTEE OF THE WEST RIDING OF YORKSHIRE

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## Review of the Work of the Committee in connection with SANATORIUM BENEFITS, from July, 1912, to April, 1921.

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### INTRODUCTION.

#### **Powers of Committee.**

The National Insurance Act, 1911, which came into operation on the 15th July, 1912, required Insurance Committees to make arrangements for providing treatment for insured persons suffering from Tuberculosis. The arrangements were to be made with persons or local authorities having the management of Sanatoria as regards Institutional treatment, and, similarly, with regard to treatment otherwise than in Sanatoria (Dispensaries, &c.). Of the benefits mentioned in the Act which were available for insured persons sanatorium benefit was included, but it was specially provided that an insured person could not become entitled to this benefit unless recommended by the Insurance Committee. The sums available for defraying the cost of sanatorium benefit and of administration thereof were to be obtained from a capitation payment of 1s. 3d. per insured person per annum. Of the total amount available, however, a capitation payment of 6d. per person was ear-marked for transference to the Funds used for medical treatment. The Act of 1911 also made provision for the distribution of Government Grants to local authorities who had provided Institutions for the treatment of tuberculosis and gave power for Insurance Committees to enter into agreement with such authorities for the payment of moneys for providing sanatorium treatment. Insurance Committees were, therefore, in the position that they were not empowered to spend any moneys in the erection of Sanatoria or of Dispensaries, but it was their duty to make arrangements with other authorities for the treatment of insured persons in such institutions and dispensaries.

#### **Preliminary Steps.**

No little difficulty was experienced at the outset in finding accommodation for persons recommended for Institutional treatment, this difficulty being common to most of the Insurance Committees. In some cases, however, Insurance Committees were fortunate in entering into agreement with large Sanatoria which had been run formerly on a purely voluntary basis. This arrangement saved much valuable time and money, for the patients had merely to enter into buildings already erected by private enterprise, as soon as the Act became operative. The West Riding Insurance Committee entered into negotiations with the West Riding County Council and asked them to provide temporary accommodation to the extent of 50 beds for Institu-



tional treatment The County Council acceded to the request and took over the Cardigan Hospital, East Ardsley, for the purpose

Up to the end of 1912, 157 patients had been granted treatment by the Insurance Committee, some of whom had been found accommodation at Balby Sanatorium, near Doncaster; Morton Banks Sanatorium, Keighley; Wensleydale Sanatorium, &c. Owing to the lack of accommodation in Institutions, Domiciliary treatment had to be extensively prescribed and practitioners were paid at a special rate for making reports and for visiting the patients concerned.

Prior to the County Council adopting a scheme for treatment of all tuberculous persons throughout the county, the Insurance Committee entered into a provisional agreement dated 20th December, 1912, for utilising the services which were at that time at the disposal of the County Council. This agreement was operative up to 31st March, 1914, and the terms included arrangements for providing treatment of dependants of insured persons. The Committee were to pay £7,500 for the use of 100 beds, arrangements being made for this sum to be adjusted up or down if more or less beds were occupied. The services of the County Medical Officer and his staff were to be available and a proportionate sum paid therefor, and the Committee were required to pay three-quarters of the cost incurred at Dispensaries in treating insured persons and their dependents up to a maximum of £10,000.

### **General Agreement with County Council.**

After the County Council had prepared a general Scheme for dealing with Tuberculosis in their area, an Agreement was made with the Insurance Committee for providing treatment for the insured population. This agreement was dated 7th October, 1913, and the period of its operation was from 1st April, 1914, for 20 years in respect of Institutional treatment and 14 years for Dispensary treatment. Under the terms of the Agreement, the County Council had to provide the services of a Tuberculosis Officer and his staff and to arrange for the accommodation of 90 insured persons in Sanatoria with an increase to 120 when accommodation became available. The County Council had also to provide Dispensaries in various parts of the area and the Dispensaries thus set up were as follows :—

<i>Chief Dispensary.</i>	<i>Branches.*</i>
Barnsley .. ..	Penistone, Wadsley Bridge
Dewsbury .. ..	Pudsey, Birstall
Doncaster .. ..	Goole, Thorne
Huddersfield .. ..	Uppermill, Holmfirth, Marsden
Keighley .. ..	Settle, Skipton, Barnoldswick
Otley .. ..	Harrogate, Shipley, Ripon, Guiseley
Pontefract .. ..	Selby, Tadcaster, Normanton

<i>Chief Dispensary</i>	<i>Branches *</i>
Rotherham .. ..	Kiveton Park, Swinton
Sowerby Bridge .. ..	Todmorden, Brighouse
Wakefield .. ..	Hemsworth, Morley, South Kirkby.

\* The Branch Dispensaries at Settle, Ripon, Kiveton Park, and Swinton have been closed, but new branches have been opened at Liversedge, Dinnington, and Mexborough.

The Insurance Committee on their part had to pay to the County Council,—(1) £200 per annum and £25 travelling expenses for the services of the County Medical Officer; (2) £6,000 per annum for the 90 beds provided and an extra £2,000 for the additional 30 beds when provided; and (3) an annual sum equal to two-thirds of the cost of the Dispensaries. The Agreement, however, made provision for the annual contribution from the Insurance Committee to be limited to a capitation amount equal to 7½d out of every 1s 3d received by the Committee, or, in other words, one-half of the Committee's Sanatorium Benefit Credit. The payments to be made to the County Council were to be half-yearly, not later than the 30th September and 31st March, in respect of each financial year.

### **Relations with County Council.**

The relations between the County Council and the Insurance Committee have been most cordial, and, in addition to the County Council using every effort to arrange for the fullest possible treatment of tuberculous insured persons in accordance with the terms of their Agreement, they invited the Insurance Committee to appoint five representatives as co-opted Members of the Tuberculosis Sub-Committee of the County Council which is responsible for the administration of the Tuberculosis Department of the County. The County Council also delegated to a Joint Sub-Committee consisting of equal representatives of the Insurance Committee and the County Council the power to deal with applications for sanatorium treatment from non-insured persons. In many Insurance Committee areas there has been much contention, but with little success, for representatives of the Insurance Committee to be co-opted on Committees of the County Council which have had the arrangements for providing sanatorium treatment, &c. No such difficulties have arisen in the West Riding area where the County Council voluntarily approached the Insurance Committee and gave them an opportunity of taking part in the administration of their work in this Department.

### **DISTRICT COMMITTEES.**

#### **Formation.**

Provision was made in the Act of 1911 for Regulations to be made requiring County Insurance Committees to prepare schemes for District Insurance Committees, and Regulations were subsequently made for the purpose. It was necessary to arrange for a



District Committee for each Borough having a population of not less than 10,000, and each Urban District with a population of not less than 20,000. The Insurance Committee prepared a scheme for the appointment of District Committees, which scheme was approved by the then Insurance Commission on the 28th March, 1913. There were 38 District Committees originally, but included in these were Dewsbury, Barnsley, and Wakefield, which subsequently became County Boroughs and thereupon formed Insurance Committees of their own in accordance with Section 59 of the Act. The following is a list of the remaining District Committees, viz :—

Batley	Pudsey
Brighouse	Rawmarsh
Castleford	Rothwell and Stanley
Colne Valley.	Selby.
Doncaster.	Settle.
Goole.	Shipley
Handsworth.	Skipton.
Harrogate and Ripon.	Sowerby Bridge and Elland.
Holme Valley.	Spen Valley.
Hemsworth.	Swinton.
Keighley.	Tadcaster.
Mirfield.	Todmorden.
Morley.	Wetherby.
Normanton.	Wharfedale.
Ossett and Horbury.	Wombwell.
Ouseburn.	Worsborough.
Penistone.	Wortley.
Pontefract.	

The District Committee Scheme became operative until 15th July, 1913, "or such later date as the Insurance Commissioners might determine." The period was extended from time to time up to and including 31st December, 1920.

### **Powers of District Committees.**

Speaking generally the following were the duties of District Committees :—(1) to make recommendations on applications from insured persons for sanatorium benefits; (2) to arrange for giving Lectures and publishing information on questions relating to health; (3) to attend to duties of an administrative nature on matters affecting medical benefits and also benefits of Deposit Contributors. The Insurance Committee have, in addition, frequently consulted District Committees on points requiring local information. Thus, District Committees have been useful in assisting the Committee on matters affecting the alteration of a Doctor's surgery hours; assisting illiterate persons to obtain medical and other benefits to which they were entitled; and advising the Committee during the great war on cases in connection with the recruiting of doctors and chemists.

## After-Care of Tuberculous Persons.

In March, 1914, the Insurance Committee called the attention of District Committees to the value of after-care work, which might be said to begin when Institutional treatment ends. District Committees were asked to act as After-Care Committees or to appoint members of an After-Care Committee and the circular issued set out a statement prepared by Dr. Kaye, the County Medical Officer, with regard to the duties devolving upon an After-Care Committee. But the work actually done by many of the District Insurance Committees will never be fully recorded. Many individual members of these Committees interested themselves in patients quite apart from any obligation to do so as members of the Committees. No record has been kept of the help, advice and assistance which have been given in this way, but the Insurance Committee are aware that after-care work of a more or less extensive nature has been carried out by at least twelve District Committees.

The co-operation between the Committees and the District Tuberculosis Officers has, in many cases, been a close one and to the benefit, not only of the patient, but of the community at large. Some of the District Insurance Committees were, in fact, After-Care Committees in all but name, and the disappearance of this unit from the Tuberculosis Scheme leaves a gap which will not be filled efficiently for some time to come.

## Ancillary Treatment.

The Insurance Committee decided to allow District Committees to expend moneys on providing extra nourishment for tuberculous persons when recommended therefor by the District Tuberculosis Officers or insurance practitioners as part of the treatment. The value of the extra nourishment provided has varied from time to time as has also the income limit which the Committee have specified for insured persons who were to be entitled to participate therein. The following schedule shows the variations which have been made under this heading, viz. :—

<i>Date.</i>	<i>Weekly value of extra nourishment.</i>	<i>Income limit of insured person.</i>
Commencing	.. 5s. 0d.	None.
26-8-13	.. 5s. 0d.	6s. 0d. per head provided total income does not exceed £1.
20-11-13	.. 5s. 0d.	5s. 0d. per head or 25s. 0d. per week.
17-6-15	.. 6s. 0d.	Do.
23-11-16	.. 7s. 6d.	5s. 0d. per head or 25s. 0d. per week.
20-9-17	.. 7s. 6d.	7s. 0d. per head or 35s. 0d. per week.
1-11-17	.. 8s. 6d.	Do.
24-10-18	.. 10s. 0d.	Do.



<i>Date.</i>	<i>Weekly value of extra nourishment.</i>	<i>Income limit of Insured person.</i>
21-11-18	.. 10s. 0d.	10s. 0d. per head or £2 per week.
22-5-19	.. 10s. 0d.	12s. 6d. per head or £2 10s. 0d. per week.

The Insurance Committee have attached considerable value to the grants of extra nourishment and it is gratifying to observe that this policy is now favourably endorsed by the Ministry of Health who have made arrangements whereby extra nourishment may be provided by local authorities when sanatorium benefit ceases to be included as one of the benefits of the Insurance Acts on the 30th April, 1921. Extra nourishment has, in almost all cases, been granted in the form of milk and eggs, the usual quantity supplied being one egg and two pints of milk per day. The following statement shows the amount expended by the Insurance Committee on the provision of extra nourishment up to the end of 1920, but it must be stated that the accounts for 1920 have not yet all been received and the figures for that year shew only the money actually spent and the number of cases dealt with up to the present time, viz. :—

<i>Year.</i>	<i>No. of cases dealt with.</i>	<i>Cost of extra Nourishment.</i>	<i>Average cost per head per annum.</i>
		£ s. d.	£ s. d.
1913	122	785 6 2	6 8 8
1914	288	1,863 13 2	6 9 5
1915	358	2,560 14 4	7 3 0
1916	358	2,778 15 9	7 15 2
1917	404	3,939 8 10	9 15 0
1918	486	5,278 14 8	10 17 2
1919	464	6,033 14 11	13 0 0
1920	404	5,224 11 9	12 18 7

As from the 1st May, 1921, the grant allowed by the Ministry of Health to the County Council under the new Regulations will be approximately £3,000 per annum for necessitous cases of all ages. This will, no doubt, bring about a reduction either in the number of cases to be dealt with or in the amount allowed per case.

The Insurance Committee have also made grants to assist insured persons to obtain the necessary underclothing required to enable them to become inmates of a Sanatorium. These grants were also made by way of ancillary treatment and became necessary as it was found that patients often arrived at a Sanatorium with insufficient underclothing and that this militated against the treatment provided. As in the case of extra nourishment it was necessary for the Tuberculosis Officer to recommend underclothing as part of the treatment and the Committee limited the amount of the grants and also made provision that the money should only be paid where the income of the family was within a certain amount in a somewhat similar manner as the grants



respecting extra nourishment. The articles of underclothing were restricted to suits of woollen underclothing, shirts, night-gowns, stockings, boots and slippers, and the Committee's contribution towards the cost of underclothing has never exceeded £2 in any case. No records have been kept of the grants of underclothing made up to the year 1915, but the following statement shows the number of cases dealt with and the amount expended in respect of the years 1916 to 1920 inclusive. The remarks which were made as regards incompleteness of the accounts for 1920 in respect of extra nourishment also apply to underclothing :—

<i>Year.</i>	<i>No. of cases dealt with.</i>	<i>Cost of under- clothing.</i>		
		£	s.	d.
1916	42	76	18	10
1917	55	99	1	8
1918	134	242	14	7
1919	191	347	3	7
1920	198	357	18	7

### **Lectures.**

Out of the total number of District Committees there were only 16 who undertook at any time the duty of giving lectures on matters affecting public health, though many of the remaining Committees have frequently included a provisional sum in their estimates for the purpose but have not expended the same. It must be conceded that this branch of the work has been considerably interfered with by the great war and this is emphasised by the fact that £61 9s. 5d. was expended on Lectures during the year 1914; £37 6s. 2d. during 1915; £33 9s. 8d. during 1916; nothing during 1917; £2 7s. 3d. during 1918 and £4 17s. 0d. during 1919. There was, however, a renewed interest taken in this subject during the year 1920 as the Committee have already expended the sum of £62 11s. 11d. upon Lectures given during that year.

The District Committees also became interested during 1920 in the distribution of literature on health matters and a pamphlet prepared for the Insurance Committee by the County Medical Officer was extensively printed, and some 71,500 copies were distributed in the areas of fifteen District Committees.

### **Disbandment of District Committees.**

During 1919 the question of the utility of District Committees came under consideration, and two of the District Committees, which were found on enquiry by a Special Sub-Committee not to be carrying out their functions, were disbanded in the early part of 1920. The question of continuing the remaining District Committees was thoroughly considered and information was obtained from other County Insurance Committees. It was found that out of 94 County Insurance Committees there were only 4 which had District Committees in operation. The advent of the Insurance Act of 1920, which provided that Insurance Committees

should cease to be responsible for sanatorium benefits, no doubt influenced the Insurance Committee, as it was felt that if District Committees were relieved of the duty of dealing with applications for sanatorium benefits, their functions would practically cease. Before finally coming to a decision, however, the Committee interviewed the Chairman or other representative of 6 of the most active District Committees, and, in view of the trend of Legislation, these Members agreed that the necessity for District Committees would have gone when the administration of sanatorium benefits were taken from Insurance Committees. The Insurance Committee thereupon determined that District Committees should cease their operations on the 31st December, 1920.

### **APPLICATIONS FOR SANATORIUM BENEFIT.**

Between the years 1913 to 1920 (inclusive) the number of applications from insured persons for sanatorium benefit was 6,217, and from dependants of insured persons, 4,618, a total of 10,835. The Insurance Committee also dealt with 670 applications from insured persons and 265 from dependants during the year 1912 and prior to the establishment of District Committees and they have, since the disbandment of District Committees, dealt with, during 1921, 316 applications from insured persons and 313 from dependants. The grand total of applications for sanatorium benefit dealt with from the inception of the Act to the present date is, therefore, as follows :—Insured persons, 7,203; dependants, 5,196; total, 12,399.

The following statement shows the number of applications for sanatorium benefit which have been dealt with by the Committee through the District Committees during the year 1913 to 1920 inclusive :—



## Summary of Applications for Sanatorium Benefit.

DISTRICT COMMITTEE.	1913.		1914.		1915.		1916.		1917.		1918.		1919.		1920.		Total.	
	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.	I.P.	Dep.
Batley .. ..	7	—	56	22	85	38	65	22	69	36	39	12	26	25	10	18	357	173
Brighouse .. ..	14	1	30	13	19	9	8	2	16	3	22	30	17	21	9	19	135	98
Castleford .. ..	—	—	11	6	13	7	16	15	18	6	25	7	10	4	12	16	105	61
Colne Valley .. ..	16	13	32	22	47	36	31	20	31	10	42	49	32	63	29	90	260	303
Doncaster .. ..	16	16	62	47	70	39	56	60	83	77	54	37	69	20	50	92	460	388
Goole .. ..	3	—	25	37	19	30	19	13	12	18	9	7	14	9	9	25	110	139
Handsworth .. ..	—	1	10	11	12	26	19	15	8	9	10	9	9	9	5	4	73	84
Harrogate and Ripon .. ..	4	1	33	19	40	20	33	19	30	17	27	21	42	20	15	13	224	130
Holme Valley .. ..	10	12	16	6	20	8	17	5	23	1	24	11	12	19	23	56	145	118
Hemsworth .. ..	10	3	46	39	59	63	43	73	38	15	45	51	38	102	19	81	298	427
Keighley .. ..	13	6	51	12	57	19	33	7	35	13	26	20	45	31	25	18	285	126
Mirfield .. ..	2	3	8	4	11	1	2	1	7	4	4	6	6	5	4	14	44	38
Morley .. ..	5	2	36	24	33	21	28	15	19	7	27	7	13	20	10	26	171	122
Normanton .. ..	6	2	46	31	28	29	27	21	26	8	36	14	33	13	33	41	235	159
Ossett and Horbury .. ..	1	1	14	10	18	12	15	6	20	6	11	4	13	16	13	16	105	71
Ouseburn .. ..	1	—	4	1	2	—	2	—	1	2	2	1	4	1	—	1	16	6
Penistone .. ..	2	—	15	3	12	3	8	4	7	5	20	4	2	2	9	5	75	26
Pontefract .. ..	9	7	35	20	32	28	29	23	27	8	40	10	29	5	27	37	228	138
Pudsey .. ..	—	—	18	—	10	3	13	—	14	3	20	7	8	5	4	—	87	18
Rawmarsh .. ..	12	8	42	35	57	49	31	43	38	36	38	35	26	56	17	64	261	326
Rothwell and Stanley .. ..	5	2	16	12	18	24	24	20	23	6	14	7	26	17	26	32	152	120
Selby .. ..	—	—	4	7	5	9	5	2	8	1	3	8	6	5	9	5	40	37
Settle .. ..	1	—	2	1	3	5	5	—	—	—	2	—	3	—	2	1	18	7
Shipley .. ..	8	1	53	32	69	14	37	12	39	11	34	5	40	13	9	16	289	104
Skipton .. ..	7	1	39	6	33	6	29	5	25	3	31	8	23	19	9	15	196	63
Sowerby Bridge and Elland .. ..	15	3	47	16	50	18	24	9	24	4	39	34	30	34	11	25	240	143
Spen Valley .. ..	4	—	26	3	20	10	22	13	22	7	23	10	16	8	12	13	145	64
Swinton .. ..	12	9	55	42	66	70	44	37	54	59	69	36	32	40	20	72	352	365
Tadcaster .. ..	1	—	15	8	17	11	4	4	9	3	12	5	9	6	7	18	74	55
Todmorden .. ..	15	1	27	6	14	6	26	6	19	3	39	33	11	28	7	18	158	101
Wakefield .. ..	8	16	28	16	18	14	—	—	—	—	—	—	—	—	—	—	54	46
Wetherby .. ..	2	—	8	—	—	—	5	—	1	2	2	1	7	2	2	—	27	5
Wharfedale .. ..	3	—	44	25	42	26	43	23	31	15	17	8	31	7	12	8	223	112
Wombwell .. ..	7	1	23	12	17	15	28	20	30	20	49	34	73	29	44	73	271	204
Worsborough .. ..	2	—	18	7	25	16	19	25	35	42	41	38	26	24	20	41	186	193
Wortley .. ..	3	—	12	—	21	7	13	4	18	5	18	7	18	6	15	19	118	48
	224	110	1007	555	1062	692	823	544	860	465	914	576	799	684	528	992	6217	4618





### DISCHARGED TUBERCULOUS SOLDIERS.

Special arrangements have been made as the result of instructions from the Government with a view to providing immediate residential treatment for discharged tuberculous soldiers, and the number of cases dealt with during the years 1915 to 1920 inclusive is as follows :—

1915	..	..	..	..	23.
1916	..	..	..	..	51.
1917	..	..	..	..	133.
1918	..	..	..	..	169.
1919	..	..	..	..	578
1920	..	..	..	..	852

It is estimated that, up to the 30th April of the year 1921, 300 additional cases will have been dealt with. The arrangements for securing immediate residential treatment of discharged tuberculous service men were based on a case-value system up to the 31st December, 1918. This system was expected to allow of £20 per case dealt with by the Insurance Committee and the Committee entered into an Agreement with the County Council which provided that they would pay to the Council a sum representing five-sixths of the Government Grants received for the purpose. For the period commencing on the 1st January, 1919, the Ministry of Health arranged that the case-value system should be superseded by one which allowed of the actual out-of-pocket expenses being refunded to a Committee which had provided the necessary treatment. The Committee thereupon entered into a supplemental agreement with the County Council whereby they would pay to the County Council the actual cost of treatment of the cases in question, the arrangement being for the cost as ascertained for one financial year to become operative for the next financial year as regards Institutions owned by the County Council, and for the payment of the actual cost incurred by the County Council in respect of the treatment of cases in Institutions not within their jurisdiction.

Arrangements were made for underclothing to be supplied by the Ministry of Pensions and placed at the disposal of the Chief Tuberculosis Officer for tuberculous soldiers receiving treatment, and the War Pensions Committee also undertook the responsibility for providing extra nourishment for cases receiving domiciliary treatment. The general experience of Insurance Committees has been that considerable anxiety has been caused in maintaining discipline during the sanatorium treatment of ex-service men. After having undergone a prolonged period of discipline with His Majesty's Forces, these men were loath to conform to the very strict discipline which is essential in a Sanatorium for the proper treatment of tuberculosis. Very few cases of breach of discipline have, however, arisen in the area of the Committee, and when these have occurred, the Pensions Committee have been able to satisfactorily deal with them. Whenever possible, the

Insurance Committee have allowed the men concerned to undergo a second period of sanatorium treatment but this has always been arranged at another Institution.

### FINANCE.

It is not possible to submit a complete financial statement of the income and expenditure of the Committee with regard to sanatorium benefits, as the Committee have only yet been notified of the credits up to the end of 1918. The following statement shows the moneys actually received or spent and does not indicate any outstanding accounts. The expenditure for 1919 may be considered as settled, but there are many outstanding accounts yet to be received in respect of 1920 and 1921. A glance at the statement will show that the expenditure for the period to 13th January, 1914, was less than the income by £34,466 15s. 11d., and that at the end of 1914 the surplus had been increased to £35,551 19s. 10d. This was brought about owing to the fact that the Committee failed to utilise to the fullest extent the income which they had received for the provision of sanatorium treatment, although it must be admitted that the date of notification of the Committee's income in respect of any year was always belated, and the fact must not be lost sight of that in the earlier periods there was an insufficiency of sanatorium accommodation throughout the country. Commencing with the year 1915, however, the accounts show that the Committee's expenditure was in excess of their income and gradually the surplus has been reduced until at the end of 1918 the amount standing to their credit in the Fund had been reduced to £18,622 14s. 3d. Having regard to the increased expenditure on Ancillary treatment and to the fact that the payments to the County Council in respect of the year 1921 will also include nine months of 1920, owing to the method of account keeping and the interpretation of the words "financial year" in the Agreement, it would appear that, by the time the accounts of the Committee up to the 30th April, 1921, are closed, very little (if any) of the surplus showing at the end of 1918 will remain. The following is a detailed statement of the Income and Expenditure of the Committee :—



## INSURANCE COMMITTEE OF THE WEST RIDING OF YORKSHIRE.

## SANATORIUM BENEFIT FUND.

	Period to 13th Jan., 1914	Period to 31st Dec., 1914	1915.	1916.	1917.	1918.	1919.	1920.	1921 (To 30th April).
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
<b>Income—</b>									
Balance brought forward at beginning of year.		34466 15 11	35551 19 10	31775 13 2	29134 1 0	24565 2 7	18622 14 3	—	—
<b>Government Grants—</b>									
Insured persons .. .. .	51970 16 0	29826 15 6	26043 15 8	25683 17 2	25328 9 0	25667 13 9	Not notified.	Not notified.	Not notified.
Navy and Army Members .. .. .	—	0 1 8	14 7 1	89 4 3	308 6 6	28 15 0	do.	do.	do.
Discharged Tuberculous Soldiers and Sailors .. .. .	—	—	—	849 15 7	1391 14 11	2563 19 11	95 0 2	do.	do.
Other Receipts .. .. .	20 8 8	—	—	—	—	14 14 3	(part only).	14 0 6	—
	51991 4 8	64293 13 1	61610 2 7	58398 10 2	56162 11 5	52840 5 6	Incomplete.	—	—
<b>Expenditure—</b>									
Preliminary Examination of Patients .. .. .	125 15 0	—	—	—	—	—	—	—	—
Domiciliary treatment (Doctors) .. .. .	12806 12 6	11547 12 6	10834 18 0	*10030 11 5	11120 11 9	10699 8 9	11892 11 10	Not notified.	—
Drugs and Medicines .. .. .	30 15 11	22 0 0	117 14 5	110 13 9	116 4 6	73 12 1	109 4 9	193 1 10	—
<i>Ancillary Treatment—</i>									
Extra Nourishment .. .. .	785 6 2	1863 13 2	2560 14 4	2778 15 9	3939 8 10	5278 14 8	6033 14 11 (b)	5224 11 9 (c)	721 11 4
Underclothing, &c. .. .. .	—	—	—	76 18 10	99 1 8	242 14 7	347 3 7 (b)	357 18 7 (c)	36 17 8
Conveyance of Patients to Sanatoria .. .. .	109 11 2	172 10 5	173 6 9	102 13 4	208 11 5	188 11 7	262 19 3 (b)	399 7 1 (c)	22 4 1
West Riding County Council—						(a) 600 0 0			
Treatment of Insured persons .. .. .	2525 0 2	13386 8 6	13906 2 8	13298 17 3	12115 19 11	12664 4 6	12833 16 10 (b)	11000 0 0 (c)	11500 0 0
Treatment of Discharged Tuberculous Soldiers .. .. .	—	—	—	708 3 0	1159 15 9	2103 6 7	12523 1 6 (b)	13650 19 9 (c)	3500 0 0
Treatment of Navy and Army Members .. .. .	—	—	—	55 5 10	207 13 3	50 17 6	—	—	—
Institutional treatment other than through County Council .. .. .	10 13 0	2 2 0	—	22 10 0	555 15 3	80 11 0	47 10 6 (b)	235 13 7	—
Administration .. .. .	1130 12 4	1747 5 4	2241 13 3	2080 0 0	2068 17 3	2228 0 0	2500 0 0	2750 0 0	—
Incidental Expenses .. .. .	0 2 6	0 1 4	—	—	5 9 3	7 10 0	55 10 0	—	—
	17524 8 9	28741 13 3	29834 9 5	29264 9 2	31597 8 10	34217 11 3	46605 13 2	—	—
Balance carried forward at end of year .. .. .	34466 15 11	35551 19 10	31775 13 2	29134 1 0	24565 2 7	18622 14 3	—	—	—
	£51991 4 8	£64293 13 1	£61610 2 7	£58398 10 2	£56162 11 5	£52840 5 6	Incomplete.	—	—

Incomplete for Years—1919, 1920, and 1921.

(a) Ex-Gratia Grant.

(b) A/cs. Incomplete.

(c) A/cs. Incomplete.

ALL-NEW, 12 b-o-g.  
1947, 1948, 1949



### Clinical Observation.

It was intended originally to incorporate in this report the question of the incidence of tuberculosis in the various areas, but inasmuch as the period under consideration (over eight years) is so short for such a purpose and since a report on this subject as affecting the whole of the population of the area of the West Riding Administrative County has already been submitted to the County Council, it was felt that the necessary work in separating these statistics relating to insured persons would not be warranted. It may be interesting, however, to observe that the conclusions that had been come to as embodied in the Report to the County Council in this investigation are as follows :—

- (1) That the prevalent type of Phthisis in the West Riding of Yorkshire is the middle-age type.
- (2) That there is a difference in the mortality rate from Pulmonary Tuberculosis in different age groups in different Dispensary Areas in the Riding.
- (3) That the death rates from Pulmonary Tuberculosis and from other respiratory diseases are much higher amongst children under 15 years of age in the Rotherham Dispensary Area than in Western Yorkshire, *i.e.*, in Sowerby Bridge and Huddersfield Dispensary Areas.
- (4) That there is probably a certain amount of immunity to Pulmonary disease amongst adults in the Rotherham Dispensary Area.
- (5) That the factor which decides a high infantile and juvenile mortality rate is apparently atmospheric contamination and that this is most common in mining and industrial centres with a low rain-fall and situated at low altitude.
- (6) That open cases of Phthisis are more numerous in the textile centres where a large percentage of the adult population of both sexes spend most of their time in factories and in houses.
- (7) That Phthisis is more common in Western Yorkshire amongst the adult population which is probably due to the lack of immunity as well as to the nature of the employment of the majority of the population.
- (8) That a still greater effort should be made to safe-guard the lives of the children, especially in South Yorkshire, where the toll is enormous, and that there is urgent demand for atmospheric purity. Open-air Schools in pure air zones are strongly advocated.
- (9) That factory hygiene, by which is meant the routine medical examination of workers and the full observation of the details of ventilation and of prevention of infection, should be thoroughly enforced.

It was also intended to have given detailed information as to the results of treatment, or as it is technically described

the After Histories of cases, but owing to the disturbance of the staff by the Great War the Tuberculosis Department of the County Council have not completed their investigations, although it is hoped at some future date to publish a report having reference to the whole of the cases treated, including insured persons.

### **TRANSFERENCE OF POWERS TO COUNTY COUNCIL.**

The National Health Insurance Act, 1920, which received the Royal Assent on 20th May, 1920, provided that sanatorium benefit should cease to be included in the benefits of the 1911 Act and empowered the Minister, by Regulations, to make the necessary provisions in connection with the discontinuance of such benefits. It was originally arranged that the benefit should cease at the end of 1920, but the period was afterwards extended to 30th April, 1921. The Regulations made by the Minister cancel all Agreements made between an Insurance Committee and a Local Authority and deal with any surplus or deficiency which may be standing to the credit or debit of a Committee's Sanatorium Benefit Fund, and also with the transference to the County Council or Local Authority of a Committee's registers, records and other documents relating to the administration of sanatorium benefit. A Bill is before Parliament to make further provision with respect to arrangements by Local Authorities for the treatment of tuberculosis, and one of the clauses in the Bill empowers a County or County Borough Council, if they so desire, to co-opt persons (including Members of the Insurance Committee) who are not members of the Council, on a Committee or Sub-Committee dealing with the matter. The County Council have not yet taken any steps in this direction, but it is felt, relying upon past experience, that they will avail themselves of the opportunity to co-opt, on their Tuberculosis Sub-Committee, experienced members of the Insurance Committee.

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*Clerk to the West Riding Insurance  
Committee.*

Wakefield,

18th April, 1921.